

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/501,641	
	Filing Date	07/15/2004	
	First Named Inventor	Riccardo D'Eredita	
	Art Unit	3738	
	Examiner Name	ISABELLA, DAVID J	
Total Number of Pages in This Submission	1	Attorney Docket Number	AP04-04

ENCLOSURES (Check all that apply)		
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Signature	/David A. Guerra/	
Printed name	David A. Guerra	
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Application Number	10/501,841
Filing Date	07/15/2004
First Named Inventor	Riccardo D'Eredità
Title	Biodegradable Auricular Prosthetic Device
Art Unit	3738
Examiner Name	David J. Isabella
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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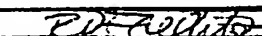
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	06/27/2006
Name	Riccardo D'Eredità	Telephone	(39) 347 931 0599
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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